

# **Fee Schedule**



**State of Rhode Island**

**Department of Human Services**

**Office of Rehabilitation Services**

**October 2001**

## **TABLE OF CONTENTS**

### **I. INTRODUCTION**

- ◆ Use of Fee Schedule.....Page 1
- ◆ Systems Application .....Page 1

### **II. VOCATIONAL PREPARATION AND SUPPORT SERVICES**

- ◆ Community Rehabilitation Program Overview .....Page 2
- ◆ Community Rehabilitation Services (Grid) .....Page 3
- ◆ Community Rehabilitation Service Providers (Contact List) .....Page 6
- ◆ Employment Services .....Page 10
- ◆ Supported Employment .....Page 14
- ◆ Work Adjustment Services .....Page 17
- ◆ Head Injury Services.....Page 18
- ◆ Skills Training.....Page 20
- ◆ Special Services .....Page 22
- ◆ Driving Evaluations .....Page 29
- ◆ Child Care Services.....Page 33

### **III. MEDICAL AND PSYCHOLOGICAL SUPPORT SERVICES**

- ◆ Program Requirements.....Page 39
- ◆ General Medical Services .....Page 40
- ◆ Dental Services .....Page 42
- ◆ Hospital Based Clinics.....Page 43
- ◆ Occupational Therapy and Physical Therapy Services.....Page 44
- ◆ Vision Services .....Page 45
- ◆ Hearing and Speech Services.....Page 46
- ◆ Psychological, Neuropsychological, Therapeutic Services .....Page 48
- Appendix A ORS Client Interpreter Service Request .....Page 50
- Appendix B Non-Client Interpreter Service Request .....Page 51
- Appendix C ORS/Goodwill Fee Schedule .....Page 52

## **Revision #1 – June, 2002**

### **Remove and Replace:**

Table of Contents - i

Page 4 – Changes to South Shore Service Grid, and Sargent Service Grid

Page 5 – Change to Shake-A-Leg – no longer work in progress

Page 7- Changes to Goodwill contact person and Fogarty Center Contact List

Page 20 – Goodwill services - Voc Eval/Situational Assessment explanation

Page 23 – Shake-A-Leg – service description added

Page 25 – PARI address and phone added and rates for PCA (9401) changed

Page 26 – Interpreter Service – Language descriptor changes

Page 27/28 – TechACCESS rate changes

### **Add to your Fee Schedule:**

Page ii – List of Revision Dates

Page 50 – Appendix A – ORS Client Interpreter Service Request

Page 51 – Appendix B – Non-Client Interpreter Service Request

Page 52 – Appendix C – ORS/Goodwill Fee Schedule Flowsheet



## **INTRODUCTION**

The intended use of this manual is to identify services that will be necessary to assist individuals to reach their employment goals. All services and vendors are not listed in the fee schedule. See the ORS Vendor/Service Code Manual – which includes a comprehensive list of Service Codes and Vendors.

The Fee Schedule should never be used in place of the ORS Policy Manual. The Policy Manual should be reviewed prior to authorization for clarification and specific guidelines for given services.

### **Use of Fee Schedule**

Once the needed service is identified, you will find the service code in parenthesis along with the fee-for-service. General descriptors of the service, sequence of payments and requirements for reports are also addressed in sections describing frequently used rehabilitation services.

### **Systems Application**

In addition to the hard copy and alternate formats, the fee schedule is located in the Public File directory in the folder named “ORS FEE SCHEDULE10.2001”.

As stated above, vendors that are not listed in the fee schedule can be located using “option 16” (Vendor Lookup by Service Code) on the “Client Ready Menu” of the M.I.S system. When using “option 16” you will be prompted to enter a service code. When the service code is entered, a “drop-down” window will appear, listing all vendors used for that particular service code. If a vendor is not used for three years, that vendor will automatically “retire” from the M.I.S system.

# **VOCATIONAL PREPARATION AND SUPPORT SERVICES**

## **Community Rehabilitation Program Overview**

The Vocational Rehabilitation Program is designed to access, plan, develop, and provide vocational services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choices, so that such individuals may prepare for and engage in gainful employment.

The Office of Rehabilitation Services currently purchases services from over 40 organizations called Community Rehabilitation Programs (CRP) enabling varied choices throughout the rehabilitation process. Services typically begin with evaluation and assessment and end with employment. Our community-based partners are largely nonprofit organizations whose focus and specialization may be in one or more area of disability. The barriers to employment that are addressed by our providers include physical disabilities, mental health, developmental disabilities, blind and visually impaired, deaf and hard of hearing, head injuries, and learning disabilities.

CRP providers are an integral component of service-delivery, bridging the gap between vocational rehabilitation and employment for individuals receiving vocational rehabilitation counseling through the Office of Rehabilitation Services.

CRP providers and ORS share a common mission – a focus on client-centered planning to empower individuals with disabilities to make choices that will facilitate employment and independence.

## **MATRIX OF APPROVED PROVIDERS OF VOCATIONAL REHABILITATION SERVICES**

[\(Click Here for Text Version\)](#)

Included: Name of provider; disability population served; key for type of approved service(s). Please review specific pages in Fee Schedule for complete information. A comprehensive list of vendors with necessary identifying information follows Matrix.

**KEY:** VE = Vocational Evaluation      TLJC = Time-Limited Job Coaching      SKT = Skills Training  
 IPP = Individual Pre-placement Assessment      WA = Work Adjustment  
 SE = Supported Employment Services (array)      JDP = Job Development/Placement (Non SE)

<u><b>VENDORS</b></u>	<b>VE</b>	<b>IPP</b>	<b>SE</b>	<b>JDP</b>	<b>WA</b>	<b>TLJC</b>	<b>SKT</b>
<i><b>Developmental Disabilities</b></i>							
Adeline LaPlante	X	X	X		X	X	
Avatar, Inc.			X			X	
Community Connections, Inc., Massachusetts		X	X			X	
Groden Center		X	X			X	
L.I.F.E., Inc.	X	X	X			X	
Ocean State Community Resources		X	X			X	
Training Thru Placement	X	X	X		X		
Goodwill Industries of RI	X	X	X	X		X	X
ARC of Northern RI	X	X	X		X	X	
Blackstone Valley Chapter RIARC	X	X	X		X	X	
Cranston Regional RIARC (Easter Seal)	X	X	X		X	X	
John E. Fogarty Center (Providence Chapter RIARC)	X	X	X		X	X	
Newport County Chapter RIARC (Maher Center)	X	X	X		X	X	
Westerly-Chariho Regional Center (Napatree/Olean Center)	X	X	X		X	X	
Trudeau Center (Kent County RIARC)	X	X	X		X	X	
Bridges, Inc.		X	X				
Gateways to Change	X	X	X	X		X	
Looking Upwards, Inc.	X	X	X	X	X	X	
Perspectives, Inc.		X	X	X		X	
Refocus, Inc.		X	X	X		X	
Spurwink School II	X	X	X	X			
West Bay Residential Services, Inc.		X	X	X		X	
Work Opportunities Unlimited		X	X	X		X	

<b><u>VENDORS</u></b>	<b>VE</b>	<b>IPP</b>	<b>SE</b>	<b>JDP</b>	<b>WA</b>	<b>TLJC</b>	<b>SKT</b>
<b><i>Mental Health</i></b>							
Community Counseling Center		<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	
East Bay Mental Health	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	
Kent County Mental Health Center		<b>X</b>	<b>X</b>			<b>X</b>	
Mental Health Services	<b>X</b>	<b>X</b>	<b>X</b>			<b>X</b>	
Newport County Community Mental Health Center		<b>X</b>	<b>X</b>			<b>X</b>	
Northern RI Community Mental Health Center	<b>X</b>	<b>X</b>	<b>X</b>			<b>X</b>	
Providence Center		<b>X</b>	<b>X</b>			<b>X</b>	
Riverwood Mental Health Services		<b>X</b>	<b>X</b>			<b>X</b>	
South Shore Mental Health Center	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	
Goodwill Industries of RI	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>

<b><i>Youth Transition Services – See <u>Special Services</u></i></b>							
East Bay Transition Center							
Northern RI Transition Center							
Providence Transition Center							
Southern RI Transition Center							
West Bay Transition Center							

<b><i>Head Injury</i></b>							
Sargent Rehabilitation Center	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	
Goodwill Industries of RI (see “Re-Entry” Program)							

<b><i>Visually Impaired</i></b>							
In-Sight	<b>X</b>						<b>X</b>
Carroll Center for the Blind		<b>X</b>		<b>X</b>		<b>X</b>	



<b><u>VENDORS</u></b>	<b>VE</b>	<b>IPP</b>	<b>SE</b>	<b>JDP</b>	<b>WA</b>	<b>TLJC</b>	<b>SKT</b>
<b><i>Deaf and Hard of Hearing</i></b>							
Corliss Institute		<b>X</b>	<b>X</b>			<b>X</b>	
Goodwill Industries of Rhode Island	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>

<b><i>Skill Training</i></b>							
People in Partnerships						<b>X</b>	<b>X</b>
Opportunity Resources, Inc.				<b>X</b>		<b>X</b>	<b>X</b>

<b><i>Special Services – See Fee Schedule</i></b>							
Projects With Industries							
Tech Access							
PARI							
Shake-A-Leg							

**\*Vendors are categorized by their primary disability services and are not limited in these areas. They may offer services to other disability groups.**

### **CRP VENDOR CONTACT LIST**

[\(Click Here for Text Version\)](#)

<b>VENDOR</b>	<b><i>ADDRESS</i></b>	<b><i>PHONE*</i></b>	<b><i>FAX</i></b>	<b><i>CONTACT PERSON</i></b>
<b><i>Adeline LaPlante Memorial Center</i></b>	P.O. Box 56 Peacedale, RI 02883	789-3081	782-8481	Lynn McGee
<b><i>Arc of Northern RI</i></b>	320 Main Street Woonsocket, RI 02895	765-3700	765-1124	Dorothy Zanella
<b><i>AVATAR, Inc.</i></b>	33 College Hill Road, Bldg. 33A Warwick, RI 02886	826-7500	826-7503	Kathleen Ellis
<b><i>Blackstone Valley Chapter RIARC</i></b>	115 Manton Street Pawtucket, RI 02861	727-0150	727-0153	Peter Holden
<b><i>Bridges, Inc.</i></b>	P.O. Box 263 Jamestown, RI 02835	423-1153	423-3879	Anita Fleckenstein
<b><i>Carroll Center for the Blind</i></b>	770 Centre Street Newton, MA 02458	617-969-6200	617-969-6204	Rabi Dow
<b><i>Community Connections Inc.</i></b>	400 Rhode Island Avenue Fall River, MA 02721	508-678-1210		Debra Oliveira
<b><i>Community Counseling Center</i></b>	101 Bacon Street Pawtucket, RI 02860	722-3560	724-3120	Michael Braet
<b><i>Cranston Regional RIARC</i></b>	60 Stamp Farm Road Cranston, RI 02921	942-3445	943-8723	Rory Carmody
<b><i>Corliss Institute</i></b>	292 Main Street Warren, RI 02885	245-3609 245-2223 TTY	245-9565	Mary Ellen Baxter-Breen
<b><i>East Bay Educational Collaborative</i></b>	317 Market Street Warren, RI 02885	245-2045	245-9332	Carolyn Aspinwall
<b><i>East Bay Mental Health Ctr.</i></b>	2 Old County Road Barrington, RI 02806	246-1195	246-1985	Ann Boyd

**\* For vendors without a TTY line, please use RI Relay at 711.**

**CRP VENDOR CONTACT LIST (cont'd)**

<b>VENDOR</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>FAX</b>	<b>CONTACT PERSON</b>
<b><i>Gateways to Change</i></b>	11 Knight Street Warwick, RI 02886	463-0000	463-0010	Catherine McGillvary
<b><i>Goodwill Industries of RI</i></b>	100 Houghton Street Providence, RI 02904	861-2080	454-0889	Lori Norris
<b><i>Groden Center</i></b>	866 Broadway East Providence, RI 02914	438-2459	434-7180	Michael Smith
<b><i>In-Sight</i></b>	43 Jefferson Boulevard Warwick, RI 02888	941-3322	941-3356	Judith Smith
<b><i>John E. Fogarty Center</i></b>	220 Woonasquatucket Ave. North Providence, RI 02911	353-7000	353-0320	Catherine Procaccini
<b><i>Kent County Mental Health Center</i></b>	50 Health Lane Warwick, RI 02886	738-4300	738-7718	Susan Medeiros
<b><i>L.I.F.E., Inc.</i></b>	P.O. Box 449 Tiverton, RI 02878	254-2910	254-2912	Lawrence Wiedenhofer
<b><i>Looking Upwards Inc.</i></b>	Irongate II, 438 East Main Rd., P.O. Box 4289 Middletown, RI 02842	847-0960	849-0290	Alexis McHugh
<b><i>Mental Health Services</i></b>	1447 Hartford Avenue Johnston, RI 02919	273-8100	861-8696	Paul Teixeira
<b><i>Newport County Chapter RIARC</i></b>	P.O. Box 4390 Middletown, RI 02842	846-4600	849-4267	Marjorie Levesque
<b><i>Newport County Community Mental Health Center</i></b>	127 Johnnycake Hill Road Middletown, RI 02842	846-1213	848-9151	F.L. Paranzino
<b><i>Northern RI Community Mental Health Center</i></b>	P.O. Box 1700 Woonsocket, RI 02895	766-3330	767-9177	Judy Bolzani
<b><i>Northern RI Educational Collaborative</i></b>	2352 Mendon Road Cumberland, RI 02864	658-5790 658-5795 TDD	658-4012	Marie L. Hanley
<b><i>OSCIL</i></b>	1944 Warwick Avenue Warwick, RI 02889	738-1013	738-1083	Lorna Ricci
<b><i>Opportunity Resources</i></b>	101 Main Street, Suite 304 Pawtucket, RI 02860	727-1590	725-2558	John Anderson

**CRP VENDOR CONTACT LIST (cont'd)**

<b>VENDOR</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>FAX</b>	<b>CONTACT PERSON</b>
<b><i>Ocean State Community Resources</i></b>	1445 Wampanoag Trail East Providence, RI 02915	437-0770	437-1030	David Reiss
<b><i>PARI Independent Living Center</i></b>	500 Prospect Street Pawtucket, RI 02860	725-1966	725-2104	Paul Choquette
<b><i>People In Partnerships</i></b>	200 Main Street, Suite 230 Pawtucket, RI 02860	727-8002	727-8411	Lucille Corsi
<b><i>Perspectives Inc.</i></b>	1130 Ten Rod Road North Kingstown, RI 02852	294-3990	294-9879	David Rupell
<b><i>Projects With Industries</i></b>	40 Fountain Street Providence, RI 02903	861-4460	861-4461	Carmen Ferguson
<b><i>Providence Educational Collaborative (West Bay)</i></b>	797 Westminster Street Providence, RI 02903	456-9330	453-8699	Karen Vessella
<b><i>Providence Center</i></b>	530 North Main Street Providence, RI 02904	276-4120	276-4034	Dallas Gulley
<b><i>ReFocus, Inc.</i></b>	1228 Westminster Street Providence, RI 02909	272-1600	751-1378	Christine Kavanagh
<b><i>Riverwood Rehabilitation Services</i></b>	P.O. Box 897 399 Metacom Avenue Bristol, RI 02809	247-0173	247-0177	Annette Monigen
<b><i>Sargent Rehabilitation Center</i></b>	800 Quaker Lane Warwick, RI 02818	886-6600	886-6632	Colleen McCarthy
<b><i>Shake-A-Leg, Inc.</i></b>	P.O. Box 1264 Newport, RI 02840	849-8898	848-9072	Kristy Hart
<b><i>South Shore Mental Health Center</i></b>	P.O. Box 899, Old Post Rd., Rt. 1A Charlestown, RI 02813	789-1367	364-3310	Richard Antonelli
<b><i>Southern RI Educational Collaborative</i></b>	646 Camp Avenue North Kingstown, RI 02852	295-2888	295-3232	Alice Woods

**CRP VENDOR CONTACT LIST (cont'd)**

<b>VENDOR</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>FAX</b>	<b>CONTACT PERSON</b>
<b><i>Spurwink School II</i></b>	One Spurwink Place Cranston, RI 02910	781-4380	781-4396	JoAnn Malagrino
<b><i>TechACCESS</i></b>	110 Jefferson Blvd., Suite I Warwick, RI 02888	463-0202	463-3433	Paula Olivieri
<b><i>Training Thru Placement</i></b>	20 Marblehead Avenue North Providence, RI 02904	353-0220	353-8126	Jack Haughey
<b><i>Trudeau Memorial Center (Kent County RIARC)</i></b>	250 Commonwealth Ave. Warwick, RI 02886	823-0051	828-8662	Dawn Fry
<b><i>West Bay Educational Collaborative</i></b>	144 Bignall Street Warwick, RI 02888	941-8353	941-8535	Rosemary Lavigne
<b><i>West Bay Residential Services</i></b>	158 Knight Street Warwick, RI 02886	738-9300	738-2787	Penelope Merris
<b><i>Westerly-Chariho Regional Center-Olean Center</i></b>	16 Granite Street Westerly, RI 02891	348-8380	596-4408	Tammy DaSilva
<b><i>Work Opportunities Unlimited, Inc.</i></b>	206 Smith Street Providence, RI 02903	521-4600	521-5111	Dale Williams

## **EMPLOYMENT SERVICES**

### **Key Components**

- ◆ The job is individually and specifically developed in accordance with the individual's strengths, abilities, preferences and service needs.
- ◆ The counselor uses his/her judgement whether to purchase this service for an individual and has determined that the individual is not able to secure employment on his/her own with the assistance of job placement services at no charge (e.g. ORS, PWI, netWORKri )
- ◆ The counselor uses this service for individuals who will benefit from other employment preparation services including resume writing and interviewing skills
- ◆ Employment services are available for those individuals capable of a self-initiated job search

### **Employment Services (SEE FLOW CHART)**

- ◆ \*Vocational Evaluation (3010) – twenty days at \$50 per day \$1,000
- ◆ Individual Pre-Placement Assessment (3011) – up to four-weeks \$400
- ◆ Job Development (6130) - \$500
- ◆ Job Placement (6131) - \$600
- ◆ Job Retention (6097) - \$500
- ◆ Time-Limited Job Coaching (6116) - \$50 per day, not to exceed forty days without a rationale
- ◆ Short-term Skills Training (6011) fees vary according to program, see fee schedule for more information
- ◆ Supported Employment (See Fee Schedule – SE Services)

### **Employment Service Descriptors:**

Vocational Evaluation is requested by the counselor and individual to answer specific referral questions related to vocational functioning. The Vocational Evaluation Plan includes a situational assessment in the community unless the individual situation precludes this. The Vocational Evaluation process is completed with a report which describes the assessment methods, responds to referral questions including strengths and limitations. The report should also include planning services to reach vocational goal(s) and recommendations for vocational occupations to further explore.

Individual Pre-Placement Assessment is used to provide the means for evaluating an individual's vocational potential including the need for short and/or long-term supports. This assessment may be utilized during the eligibility determination period (pre status 12) and for situational assessments for an individual who may not enter supported employment services. **The time parameter for this service is approximately four weeks.**

## **EMPLOYMENT SERVICES (CONT'D)**

The IPP can or may include assessment of:

- ◆ The individual's interests
- ◆ Prior assessment data if available – e.g. vocational evaluation (previously completed), social profile report, school reports, etc.
- ◆ Family consultation and desires
- ◆ Assistive technology needs
- ◆ Available extended service provider(s) and/or natural supports
- ◆ Individual functioning in actual work situations (situational assessment)

Job Development: Payment is made after the individual has been seen for an initial interview, and the provider has agreed to work with that individual to secure employment related to the vocational goal that the ORS counselor and individual agreed to. A statement of agreement signed by the individual and the provider will provide documentation. A resume, and/or interviewing skills training, should be included in the agreement as part of the authorization.

Job Placement occurs when a job match has been found by the vendor that is consistent with IPE goal. The job must be secured and a starting date agreed upon. A bill and the report from the vendor is required before payment is made. The report should include name of employer, number of hours, salary, and a detailed summary of necessary short-term supports, which will be used during the job retention phase.

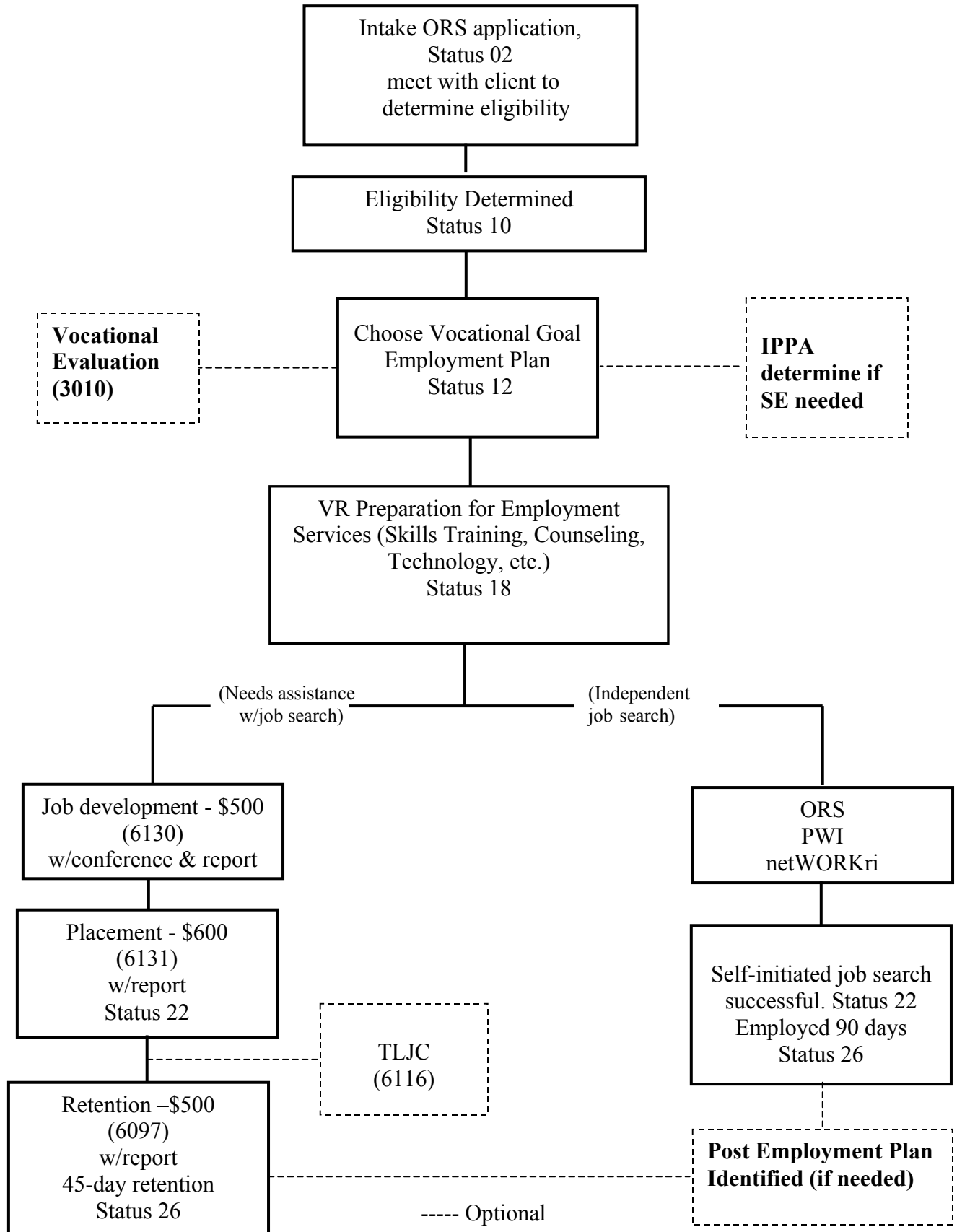
Job Retention: Payment is made to the vendor for employed individuals after they have held the job for forty-five days – **case closure is expected**. Retention services will be provided consistent with the job placement report. If job coaching is necessary beyond forty-five days, a report should focus on retention problems, frequency of intervention necessary (hours/day), and how contact is made – telephone, and/or in person.

Time-Limited Job Coaching is a service which can be provided to assist an individual with maintaining their employment. This service may be used after the forty-five day job retention period has ended. A report should include a clear and specific rationale, outlining the individual's needs to become independent while functioning in a job. This service is intended for individuals who do not require on-going supports to maintain employment (Supported Employment).

**\* Vocational Evaluation SBVI (3072) for individuals with visual and neurological impairments (SBVI clients) are authorized at \$105.00 per diem.**

## EMPLOYMENT SERVICES (CONT'D)

[\(Click for Text Version\)](#)





## **EMPLOYMENT SERVICES (CONT'D)**

**Goodwill Industries of Rhode Island – DARE Program**  
**100 Houghton Street**  
**Providence, Rhode Island 02904**  
**Telephone: 861-2080**  
**TTY: 331-2830**

### **DEAF ACCESS TO REHABILITATION** **AND EMPLOYMENT (DARE)**

**Contact Person for DARE Program: Jan Luby x112**

Vocational Evaluation (3444) \$100 per day .....	20 days
Work Prep (6093).....	40 days
Placement Follow-up (6205) \$100 per day.....	Individually Determined
Job Retention (6094) .....	\$1,000
Time-Limited Job Coaching (6203) \$100 per day .....	40 days

## **SUPPORTED EMPLOYMENT (PLACE/TRAIN)**

### **Key Components:**

- ◆ Supported employment (SE) assists individuals with the most significant disabilities, who have been unsuccessful with traditional employment strategies and need ongoing supports, to choose, find and keep employment.
- ◆ SE is competitive employment (minimum or commensurate wages).
- ◆ Work must be in an integrated setting (person works and/or interacts among non-disabled population). Training occurs after placement.
- ◆ ORS provides intensive ongoing supports for a time-limited period (not to exceed 18 months). Long-term ongoing supports are provided through other funding sources.

### **Supported Employment Services (array) (SEE FLOW CHART):**

- ◆ Job Development (6132) - \$500
- ◆ Job Placement (6133) - \$800
- ◆ No specific job development needed. On-Site Evaluation (3012)- \$1,000
- ◆ Supported Employment Training (6112) (12-20 weeks)- \$2,400 to \$4,000
- ◆ Supported Employment Hourly Extension (if needed) (6117) - \$15 per hour
- ◆ Transportation if needed (7777)

### **Supported Employment Service Descriptors:**

The Job Development Service is for individual competitive job placements in an occupation represented by the mutually-agreed upon Employment Plan. The occupation of choice can be either full-time or part-time. An assessment to determine an appropriate job match has occurred prior to this service.

The Job Placement Service occurs at the place of employment the individual will retain. The vendor will provide a work site evaluation which includes a discrepancy analysis related to the job and the individual's needs.

The On-Site Evaluation is an evaluation at the work site of the job that the individual will retain. The report will provide information about the need and type of ongoing supports to be added to the Employment Plan. Duration of this service is typically four weeks, but can be extended with an appropriate rationale.

Supported Employment Training focuses on the needs of the client as they progress on the job towards hourly work goals, towards fading supports and on work support requirements on and off the job site. Training should lead to stabilization in the chosen job. Authorization for services is up to twelve weeks, and can be extended for an additional eight weeks with an appropriate rationale.

Supported Employment Hourly Extension is used in specific situations (with rationale for need) where the individual needs support to address a critical problem area that could jeopardize the employment outcome. The hourly extension represents actual support time spent with the individual.

## **SUPPORTED EMPLOYMENT (PLACE/TRAIN CONT'D)**

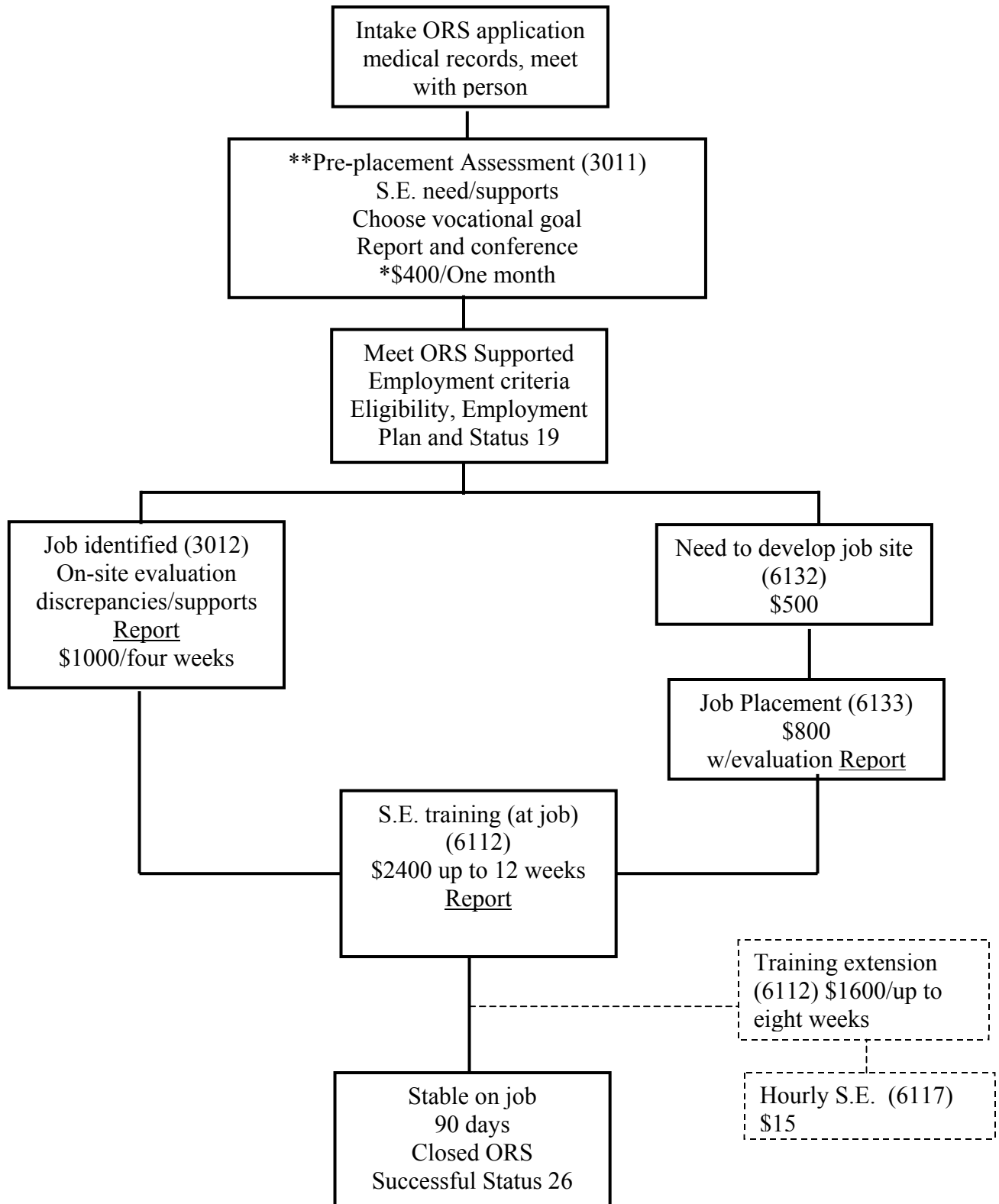
### **Supported Employment Service Descriptors (continued):**

Transportation is utilized if not otherwise funded by another agency.

Long-Term Support is a key component of supported employment and is determined at the initiation of SE services. Funding for long-term supports is often provided through MHRH-Division of Developmental Disabilities and Division of Integrated Mental Health. Natural unfunded long-term supports may also be arranged to support the employee.

## SUPPORTED EMPLOYMENT (PLACE/TRAIN CONT'D)

[\(Click here for Text Version\)](#)



\* IPS model at East Bay MHC and Community Counseling Center receive \$1,200 for IPPA

\*\* Informed choice may not choose to do IPPA

---- Optional, if needed

## WORK ADJUSTMENT SERVICES

**Work Adjustment Services (6105)** are transitional, time-limited systematic training services which assist individuals toward their optimal level of vocational development. These services use real or simulated work to assist individuals to understand the meaning, value and demands of work; to learn or re-establish skills, attitudes, personal characteristics, and work behaviors, and to develop functional capacities. **Work Adjustment Services** may require environmental accommodations.

**Work Adjustment Services** are prescribed after Vocational Evaluation for individuals who require these services to reach community-integrated job placement goals including Supported Employment. Specific **Work Adjustment Services** are recommended and planned with anticipated time frames. **Work Adjustment Services** may incorporate a daily job coach provision to assist the individual toward community-integrated job placement. A review of services is completed at each 40 day of funding.

Each period of **Work Adjustment Services** is authorized for 40 days. The expected maximum time a person receives their services is 120 days. The outcome is community integrated job placement, including Supported Employment Services.

**Work Adjustment Services** which are required for adjustment to a facility-based extended sheltered employment outcome are funded only for 40 days. These cases, closed in Sheltered Employment, would be reviewed annually for assessment of the client's ability to work toward community-integrated placement.

Time-Limited Job Coaching within a work adjustment program would be authorized either in combination with facility-based **Work Adjustment Services** or as the final service provision in a competitive community job site. The anticipated parameter of Time-Limited Job Coach services is 40 days.

**NOTE:** In those cases where it is appropriate to utilize Time-Limited Job Coaching for situational experiences and assessment while someone is receiving **Work Adjustment Services**, the authorization for each day a job coach is used is \$50.00. **This is not added to the other work adjustment fee for that day, but is considered full payment for that day of services.**

**Work Adjustment Authorizations (6105) are made for 40-day periods. These services typically occur at the RIArc's.**

\$10.00 per day for 40 days...\$400  
Up to 120 days...\$1,200

\$50.00 per day for Time-Limited Job Coaching, up to 40 days...\$2,000

## **HEAD INJURY SERVICES**

**Sargent Rehabilitation Center – Head Injury Program**  
**800 Quaker Lane**  
**Warwick, RI 02818**  
**Telephone: (401) 886-6600**

Services provided by Sargent Center for individuals with head injuries (HI) or traumatic brain injuries (TBI) will be focused on vocational rehabilitation and functions related to employment. Reporting will reflect the vocational emphasis.

**Vocational Evaluation/Sargent (3017) – Authorize up to 10 days at \$195 per day.**  
**Evaluation services include:**

- ◆ Functional assessment, which relates to employment functioning
- ◆ Assessment of social interaction with emphasis on vocational functioning and work history
- ◆ Benefits and transportation assessments
- ◆ Neuropsychological assessment
- ◆ Cognitive rehabilitation and learning style assessments
- ◆ Rehabilitation technology needs (may refer for outside assessment)

### **Report and Conference:**

The report will synthesize the evaluations and provide recommendations related to vocational development services. The report includes Sargent's Individual Rehabilitation Plan, a preliminary employment goal and job analysis, which is coordinated with the IPE.

A conference meeting will be scheduled by Sargent staff with the goal to interpret the results of the evaluation activities to the individual, family, and ORS counselor.

**Work Prep/Sargent (6030) – Authorize \$115 per day.**

The first authorization is for no longer than 80 days (shorter time if indicated through the evaluation). A second authorization can be made for up to 25 additional days (**Total Days 105**). If additional time is needed, approval must be made by a medical consultant and justified in the case record. **Total Work Prep/Sargent services cannot exceed 120 days.**

Work Prep/Sargent services include:

- ◆ Focus of services, including treatment, is on work preparation.
- ◆ Individualized services which assist the individual to reach his/her vocational goal and measure progress related to the vocational functional assessment completed during the evaluation.
- ◆ Services include vocational exploration as early in the process as possible.
- ◆ Rehabilitation services (PT, OT, Speech, etc.) will support the vocational plan and goal.

## **HEAD INJURY SERVICES (CONT'D)**

### **Sargent Rehabilitation Center – Head Injury Program**

- ◆ Review of progress must occur every two months.
- ◆ Referrals to other rehabilitation programs for employment services should be developed as early in the process as possible. ORS counselors and Sargent staff need to be in regular communication about progress.

If an individual has been placed in employment within the 105 days of service, the authorization for job supports continues at the \$115 rate using the Work Prep/Sargent service code (6030). If additional job coaching support services beyond 105 days are required at Sargent, they will be authorized under **Time-Limited Job Coaching (6116) at \$50 per day.**

#### **Report and Conference:**

A conference must be held before the completion of 80 days of services, which represents progress toward vocational goal and/or supports needed to obtain/retain employment. A conference must be held related to transition planning for any individual referred to another program or leaving the Sargent services for other reasons.

---

### **Goodwill Industries of Rhode Island – Head Injury (Re-Entry) Program**

**100 Houghton Street  
Providence, RI 02904  
Telephone: 861-2080  
TTY: 331-2830**

Re-Entry's Services provide the specific rehabilitative support services required by individuals with head injuries to reach employment goals. These support services include case management and consultation, occupational, speech and physical therapy on an individual basis, as needed.

#### **Re-Entry Services:**

##### **Vocational Evaluation (3014)**

\$105 per day for up to 20 days	\$2,100.00
---------------------------------	------------

##### **Community Work Experience (6115)**

\$105 per day for up to 20 days	\$2,100.00
---------------------------------	------------

##### **Community Work Experience – Re-Entry Stipend (6108)**

This service is provided when the employer is not paying the CWE trainee. Goodwill Industries of RI will determine, on an individual basis, the need for a stipend in accordance with the Department of Labor Standards.

**For more information on the Head Injury Program that Goodwill Industries offers, please contact Shirl Berger at 861-2080, ext. 138.**

## **SKILLS TRAINING SERVICES**

**Opportunity Resources, Inc.  
101 Main Street Suite 304  
Pawtucket, Rhode Island 0286  
(401) 727-1590 Fax: 727-3147**

### **COMPUTER SKILLS TRAINING (6011)**

Session One – Five weeks, 150 hours @ \$10/hour - \$1,500

Session Two - Four weeks, 120 hours @ \$10/hour - \$1,200

Opportunity Resources is also approved by ORS to provide the following services:

Job Development – (6130) \$500

Job Placement – (6131) \$600

Job Retention – (6097) \$500

**Time-Limited Job Coaching – (6116) \$10/hour, not to exceed twenty hours. If there is need to extend the service, the rationale should be noted on the request for authorization.**

---

**Goodwill Industries of Rhode Island  
100 Houghton Street  
Providence, RI 02904  
Telephone: 861-2080  
TTY: 331-2830  
Contact Person: Melissa Angell (x 117)**

**Work Prep (6096) ..... \$3,900**

**Work Preparation** includes: Job Readiness Skills Training, Career Exploration, Community Work Experiences, Vocational Case Management (as needed), Job Development and Job Placement.

**Food Service Training (6011)** \$50 per day up to 60 days.

**Vocational Evaluation (3010)** Goodwill Industries/VRI has agreed to enhance the situational assessment component of the **vocational evaluation** to include more community-based situational assessments (SAC). The fee for the SAC is an additional \$25/day for a total of \$75/day for up to ten days. Utilizing the 10 days of SAC would increase the cost of the VE from \$1,000 - \$1,250. If all 10 days are not used, please cancel the balance. When requesting a SAC, please be specific, including rationale, on your referral form.



## **SKILLS TRAINING SERVICES (CON'T)**

**People In Partnerships, Inc.  
200 Main Street Suite 230  
Pawtucket, RI 02860  
(401) 727-8002 Fax: 727-8411**

<b><u>PROGRAMS (6011) \$2,000</u></b>	<b><u>Additional Fees (6040)</u></b>	<b><u>Amount</u></b>
CNA	Book & Workbook	\$60
	Exam	\$70
	CPR (adult & infant)	\$45
	*Equipment	\$50
	(blood pressure cuff and stethoscope)	
	*Uniforms	\$115
CHILD CARE	CPR	\$45
HUMAN SERVICES	CPR	\$45
WORD PROCESSING	Book	\$50

\*Optional

In addition to Skills Training Programs, PIP is approved to provide:

Situational Assessments (3038) \$50 per day, not to exceed five days.

A Situational Assessments is defined as a service which allow individuals the opportunity to interact in a real work environment to explore or support a vocational goal.

The following work sites have been identified for Situational Assessments:

Yesteryear's Café – food service (all aspects)  
Card Smart Stores – customer service, cashier, stockroom, sales, etc.  
People In Partnerships – office assistant, word processing, general clerical  
Child Care Connections – child care (all aspects)  
Eleanor Slater Hospital, nonspecified hotels – housekeeping, etc.  
Nickerson House, and other private facilities – maintenance, janitorial

**Reminder:** PIP is an approved vendor for Time-Limited Job Coaching (6116). This service should be used as a support mechanism for job retention. **This service will be authorized at \$50/day, for up to ten days. If there is a need to use more than the ten days, discussion and rationale between PIP, the client, and the counselor is necessary.**

## **SPECIAL SERVICES**

### **YOUTH TRANSITION SERVICES**

#### **TRANSITION SERVICES FOR STUDENTS WITH DISABILITIES PROVIDED UNDER THE THIRD PARTY COOPERATIVE AGREEMENT/PARTNERSHIP BETWEEN THE RIDE AND DHS/ORS**

##### **What is a Third Party Cooperative Agreement?**

A Third Party Cooperative Agreement is an option available through the Rehabilitation Act to use state resources for match to garner unmatched federal dollars to develop and implement new patterns of vocational rehabilitation services for individuals with disabilities. . Since 1994, the RIDE and ORS have worked together to leverage state resources from RIDE to capture federal resources through ORS to implement new services and/or new patterns of vocational assessment and job placement services for students in all regions of the state. The programs are coordinated through **contracts** between the ORS and the five (5) RIDE-funded Transition Centers.

##### **Describe the array of services available for ORS eligible students provided by the Regional Educational Collaboratives and Providence funded by this cooperative agreement.**

- Five Regional Vocational Assessment/Career Discovery Programs are established.
- Regional Educational Collaboratives have hired staff: Vocational Evaluators, Employment Specialists, and Job Developer/Job Coaches and have purchased assessment tools and resources for career exploration.
- Career exploration is initiated with students, along with a comprehensive vocational assessment of interests, skills, aptitudes, abilities, learning styles, functional skills, job readiness, and work-related behaviors which result in recommendations for educational and career planning.
- Employer linkages have been established to enable job shadowing, informational interviews, situational assessment in work settings, and employer presentations.

##### **Who uses these services?**

ORS counselors who are liaisons to school districts along with educators, students and families decide whom to refer for assessment services. These services are already paid for through a contract with each Educational Collaborative and **no authorization** is needed. The approximate value of the service is \$3200. Students must be ORS eligible and the VR Counselor needs to approve the service.

##### **THE TRANSITION RESOURCE CENTERS:**

East Bay Transition Center	(401) 245-2045
Northern RI Transition Center	(401) 658-5790, TDD (401) 658-5795
Southern RI Transition Center	(401) 295-2888
West Bay Transition Center	(401) 941-8385
Providence School District	(401) 456-9230

## **SPECIAL SERVICES (CONT'D)**

**Shake-A-Leg**  
**PO Box 1264**  
**Newport, RI 02840**  
**Voice: 849-8898**  
**Email: [shake@shakealeg.org](mailto:shake@shakealeg.org)**  
**Contact Person: Kristy Hart, PT, Program Director**

Shake-A-Leg ( Vendor Code - SHAKE001) offers a 5-week summer program called “Body Awareness Therapy Program”. The program includes occupational therapy, physical therapy, aquatic therapy, and career counseling. **The fee for service is \$1,600 per week. Authorizations can be made on a weekly basis.** **The service code is 4xxx.** For more information contact Kristy Hart.

**Projects With Industries**  
**40 Fountain Street**  
**Providence, RI 02903**  
**Voice and TDD: (401) 861-4460**

**Projects With Industries (PWI)** serves people with disabilities and employers on a statewide basis. Any person with a documented mental or physical disability can utilize services at PWI for assessment, job readiness training, job development and placement, career advancement and follow-up services.

Referrals can be made to PWI for Job Placement, which may include Pre-Employment Planning (PREP) as needed.

**Job Placement** (including Pre-Employment Planning (PREP)) – **NO FEE**

**FEES:**       \*PRE-EMPLOYMENT PLANNING ONLY (PREP) – (6013) - \$600.00

Pre-Employment Planning (PREP) can be used as a stand-alone service for those individuals who choose and/or are capable of a self-initiated job search. **When a client opts for “PREP” only, Job Placement WILL NOT be provided.**

\*See next page for a full PREP program description, eligibility requirements and referral process.

## **SPECIAL SERVICES (CONT'D)**

### **Projects With Industries**

#### **PREP (Pre-Employment Planning)(6013)**

**PREP** is designed to provide a comprehensive review of job search tools and techniques. **PREP** uses a variety of materials and exercises to assist job seekers in their search. The workshop generally meets from 9:30 am to 11:30 am for 8 days; depending on the size of the group, the time and number of days can be longer or shorter.

Topics include:

- Skills identification leading to resume and cover letter development
- Job search techniques
- ADA Title I information
- Interview preparation and strategies including disability disclosure issues
- Videotaped practice interview

At the conclusion of the workshop, participants have a completed resume and cover letter, a copy of their interview evaluation, knowledge of Title I, and a better understanding of how to find a job.

#### **Who Is This Prep For?**

In general, those who would not otherwise be eligible for PWI:

- College students looking for a summer job
- Individuals not yet ready to begin a job search
- Job seekers who need supported employment services to obtain and maintain employment

#### **What Will Counselors Receive After The Workshop Is Completed?**

- A report outlining client's attendance and participation in training
- Ten copies of the client's resume on quality paper
- A copy of the client's interview evaluation
- The client's resume on disk
- The opportunity to view the client's interview after the workshop is completed (but before the next workshop begins)

#### **How Are Referrals Made?**

Counselors should email Mike Basileo with the client's name, address, phone number, and any accommodation needed. His email is [pwiri@worldnet.att.net](mailto:pwiri@worldnet.att.net).

**If there is a question regarding a referral, contact Mike at 861-4460**

## **SPECIAL SERVICES (CONT'D)**

### **INDEPENDENT LIVING CENTER SERVICES**

#### **PARI**

**500 Prospect Street, Pawtucket, RI 02860**

**Voice: 725-1966**

#### **FEE SCHEDULE**

Consumer control is basic to independent living. Therefore, services are meant to increase the ability of individuals with significant disabilities to manage their own life. See Personal Care Assistant Policy. Send letter with authorization indicating consumer's issue or goal.

#### **IL Assessments**

Comprehensive IL Assessment (3302) (including Personal Care Assistant Feasibility) done annually - \$350.00

Personal Care Assistant Assessment or Self-Care Assessment (3303) done every six months - \$140.00

Equipment Needs Assessment (3304) - \$140.00

Home Accessibility Assessment (3308) - \$140.00

#### **IL Skills Training**

Training to Manage a Personal Care Assistant (6082) - \$175.00

Managing Bowl, Urinary or Skin Care (6084) - \$140.00

Managing Equipment Acquisition and Use (6087) - \$105.00

Managing Benefits (6070) - \$105.00

Transportation Skills Training (6074) - \$140.00

Other IL Training to support Employment Preparation (6078) - \$105.00

#### **Personal Care Assistant Services**

##### **COSTS:**

Daytime (9400) - \$8.82 per hour plus .45¢ Administrative Fee for a total of \$9.27 per hour.

Nighttime (9401) - \$25.95 per night plus \$3.15 Administrative Fee for a total of \$29.10 per night.

## **SPECIAL SERVICES (CONT'D)**

### **Tutoring Services (6098)**

Must be provided by a qualified teacher (State of Rhode Island Certification needed) and/or college professor or instructor. \$25.00 per hour.

### **Individual Instruction (Not Tutoring)(6036)**

In some situations, individual specialty instruction may be required to reach vocational goal. Fees can vary. Either use the tutoring fee as noted above or if this is discrepant with the going rate for a specific instruction, obtain 3 or more rates charged for the instruction and average the cost for ORS participation.

### **Interpreters for the Deaf (9202) and/or Deaf/Blind (9202) – See Appendix A & B**

OSCIL has been awarded the contract for this service and is listed on the MPA. See Appendix A for Client Interpreter Services & Appendix B for Non-Client Interpreter Services.

**Ocean State Center for Independent Living (OSCIL), 1944 Avenue, Warwick, RI 02889**

**INTERPRETER SERVICES:      1-800-525-0770  
   1-800-232-0438 TTY  
   401-333-3704**

Cost is \$50 per hour.

This fee schedule will include a two (2) hour minimum in the event of a “No Show.” Less than 24-hour cancellation notice will obligate the agency to pay the two (2) hour minimum. Assignments lasting more than two (2) hours will be paid to the nearest quarter hour.

### **\*Translation Services (9201)**

### **\*Foreign Language Interpreters (9200)**

---

**\* See the Master Price Agreement, which can be accessed from the internet via the following steps:**

- 1. <http://vip.purchasing.state.ri.us> (Division of Purchasing – Home Page).**
- 2. Scroll down to Master Price Agreements (MPA) – left click on mouse.**
- 3. Alpha listing of MPA services. Scroll down to Interpreting Services – left click on mouse.**
- 4. If MPA services are not available, the above rates of reimbursement should be followed.**

## **SPECIAL SERVICES (CONT'D)**

**TechACCESS of Rhode Island**  
Assistive Technology Resource Program  
110 Jefferson Boulevard, Suite I  
Warwick, RI 02888

Phone: 463-0202  
Contact Person: Judi Hammerlind-Carlson

**The following services are available through TechACCESS. First see Supervisor for clinical review to determine referral directly to TechACCESS or consult with the in-house Rehabilitation Technology Consultant**

### **Rehabilitation Technology Consultant:**

Lou Esposito, Bio\NEXUS, Inc.  
Telephone: 800-485-5040  
E-Mail: [louesposito@cshore.com](mailto:louesposito@cshore.com)

### **Assistive Technology-Equipment Assessment (3097)..... \$850**

Assessments are limited to computer access and use for all disabilities and general assistive technology applications for individuals who are blind or have low vision. Each assessment, including time with client, travel time, research time, etc. is expected to take approximately **eight hours**.

### **Assistive Technology – Augmentative Communication Assessment (3098)..... \$950**

This assessment, including all components listed above, is expected to take approximately **ten hours**.

#### **Both assessments include:**

- Identification of client needs
- Identification of appropriate technology(s)
- Hands-on training with representative technologies as possible
- Formal written report with recommendations
- Follow-up meeting to review report and recommendations with client, rehabilitation counselor, and appropriate team members

### **Additional Assessment Hours..... \$90/hour**

#### **Use Service Code for the respective assessment (3097 or 3098)**

TechACCESS must notify and discuss with the rehabilitation counselor the need for further assessment time prior to scheduling additional hours with the client.

**SPECIAL SERVICES (CONT'D)**

**Assistive Technology – Professional Consultations:**

**Assistive Technology Application/Augmentative Communication Therapy**  
**Service Code (6121) ..... \$95/hour**

Professional consultation is directly related to recommendations from Assistive Technology/ Augmentative Communication Assessment. Therapy sessions are provided on an hourly basis to address specific intervention goals and objectives identified from assessments. A written summary report is provided at the conclusion of sessions, as requested.

**Technical Assistance/Individualized Training**  
**Service Code (6120) ..... \$75/hour**

Technical assistance is offered to help individuals at home, in the workplace or at the TechACCESS Center to install software, program/customize devices, and trouble shoot incompatibility problems.

Individualized training is provided to individuals at home, the worksite, or at TechACCESS to help them learn and reach competency with software or other assistive technology devices.

**Rehabilitation Technology Consultant:**  
Lou Esposito, Bio\NEXUS, Inc.  
Telephone: 800-485-5040  
E-Mail: [louesposito@cshore.com](mailto:louesposito@cshore.com)



## **DRIVING EVALUATIONS( 7122) and/or DRIVER TRAINING (7121)**

### **PROVIDERS**

#### **ABC/ACE DRIVING SCHOOLS**

29 Rhodes Avenue  
Riverside, RI 02915

Phone: (888) 446-5189

**Mailing Address:** 242 Herrick Road  
(all correspondence) Brooklyn, CT 06234

Contact Person: Tim Souza

Vendor Code: ABCDR001

Mileages are taken from the Journal Bulletin Almanac. Distances are recorded from Providence. **This list includes only the 37 cities or towns farther than 20 miles.** All other 64 cities and towns are at the base rate of \$50 per hour. That included over three quarters of the clients. Please add \$28 for evaluations which are approximately 2 hours in length, and includes detailed, professionally prepared reports with recommendations for special equipment and/or driving restrictions. These fees include, in addition to the physically impaired, other disabilities such as learning deficits, deafness (special “signing” methods used), dyslexia, autism, illiteracy, agoraphobia and other severe mental blocks associated with driving fears. ABC/ACE Driving Schools will work together with psychiatrists and hypnotherapists when necessary. Techniques are kept up-dated by constant consultation with other health professionals, frequent visits to Rehabilitation Centers in the U.S., and acquisition of numerous publications. Rates are the same when client’s specially equipped van is utilized instead of ABC/ACE Driving School’s specially equipped dual-controlled training car.

**Please include phone number and details on client.**

### **MAXIMUM FEE**

<b>LOCATION</b>	<b>PER HOUR</b>	<b>LOCATION</b>	<b>PER HOUR</b>
Within 20 miles (Providence)	\$50.00	Within 20 miles (Providence)	\$50.00
Adamsville	\$57.00	Narragansett Pier	\$60.00
Ashaway	\$68.00	Newport	\$60.00
Beavertail	\$61.00	Pascoag	\$53.00
Bonnet Point	\$59.00	Peacedale	\$60.00
Carolina	\$66.00	Point Judith	\$65.00
Charlestown	\$70.00	Quonochontaug	\$75.00
Exeter	\$52.00	Richmond	\$60.00
Galilee	\$64.00	Sakonnet Point	\$63.00
Green Hill	\$52.00	South Kingstown	\$55.00
Harrisville	\$53.00	Summit	\$52.00
Hope Valley	\$61.00	Wakefield	\$60.00
Hopkinton	\$66.00	Wallum Lake	\$54.00
Jamestown	\$57.00	Watch Hill	\$84.00
Kenyon	\$63.00	Westerly	\$75.00
Kingston	\$59.00	West Greenwich	\$60.00
Little Compton	\$60.00	Wyoming	\$61.00
Middletown	\$55.00	Yawgoog	\$63.00

## **DRIVING EVALUATIONS (VENDORS) CONT'D.**

### **The Adaptive Driving Program**

251 West Central Street  
Natick, MA 01760

Phone: (401) 783-1880 (in Rhode Island)  
(800) 902-1770 (24 Hours)

Contact Person: Mark Whitehouse

Vendor Code: ADAPT001

\$100.00 for standard on the road evaluation (1 – 1.5 hours with report)

\$80.00 for van training (per hour)

To be authorized in blocks of ten sessions with a written report and recommendations submitted prior to re-authorization.

---

### **South County Hospital**

Driver Assessment Program  
Salt Pond Shopping Center  
100 Kenyon Avenue  
Wakefield, RI 02879

Phone: (401) 789-2044

Contact Person: Linda Curry

Vendor Code: SCHOS001

\$360.00 for driving assessment in car. Includes on the road evaluation.

\$450.00 for driving assessment in van. Includes on the road in modified van. Please check with Linda prior to authorizing Van Evaluation.

## **DRIVING EVALUATIONS (VENDORS) CONT'D.**

### **Rhode Island Hospital**

Driver Evaluation Program Coordinator  
593 Eddy Street  
Providence, RI 02903

Contact Person: Sue Martin

Phone: (401) 444-5178  
FAX: (401) 444-5089

Need eye examination, physician referral, and client form prior to authorization.

Vendor Code: RIHOS003

Car and Van Evaluations

\$550.00

---

### **Crotched Mountain**

1 Verney Drive  
Greenfield, NH 03047

Contact: Paul St. Pierre

Phone: (603) 547-3311  
FAX: (601) 547-3232  
Website: [www.cmf.org](http://www.cmf.org)

Car and Van Evaluations

Vendor Code: CROTC001

Price: Call for room and board rates. If more than one person needs an evaluation, Paul will come to RI to do the evaluations.

## **DRIVING EVALUATIONS (PROVIDERS) CONT'D.**

### **The Mobility Center – Easter Seals of CT**

158 State Street  
Meridan, CT 06450

Phone: (203) 237-7835

FAX: (203) 237-9187

Car and Van Evaluations

Contact: Danielle Dell'Oso

Vendor Code: EASTE004

Price: \$455.00

**CHILD CARE SERVICES**  
(Service Code 9300)

***DEFINITION OF PROVIDER GROUPS***

**Licensed Day Care Centers:**

Community-Based Centers such as Child Care Connection, Little Tots, Growing Children, etc.  
Licensed by DCYF on a yearly basis.

**Group Family Day Care Homes:**

Home-based childcare services that can provide child care for nine to twelve children. Licensed by DCYF on a yearly basis.

There are less than ten of these providers in RI, reasons for this is the strict standards – zoning concerns, rigid environmental standards, etc.

**Certified Family Day Care Homes:**

Most common home-based provider in the state, there are currently over a thousand providers. These providers can accommodate up to eight children, with an assistant. Without an assistant, they can take up to six children.  
Licensed by DCYF for a two year period.

**Relative Care Provider:**

Department of Human Services requires: B.C.I., DCYF (C.A.N.T.S.) background on provider.

**In-Home Care:**

Department of Human Services requires: B.C.I., DCYF (C.A.N.T.S.) background on provider.

## **CHILD CARE SERVICES (CONT'D)**

### **WEEKLY PAYMENT RATE SCHEDULES**

#### **SCHEDULE I**

[\(Click Here for Text Version\)](#)

	<b><u>INFANT/TODDLER</u></b>			<b><u>PRE SCHOOL CARE</u></b>		
	Full Time	Half Time	Quarter Time	Full Time	Half Time	Quarter Time
Licensed Day Care Center	\$160.00	80.00	40.00	140.00	70.00	35.00
Group Family Day Care Home	125.00	62.50	31.25	125.00	62.50	31.25
Certified Family Care Homes	125.00	62.50	31.25	125.00	62.50	31.25
Relative Care	81.00	40.50	20.25	54.00	27.00	13.50
In-Home Care	74.00	37.00	18.50	50.00	25.00	12.50

## **CHILD CARE SERVICES (CONT'D)**

### **WEEKLY PAYMENT RATE SCHEDULES**

#### **SCHEDULE II**

[\(Click Here for Text Version\)](#)

	<b><u>SCHOOL-AGE CARE</u></b>		
	School in Session		School out Session
	A.M.	P.M.	
Licensed Day Care Centers and after school facilities	\$50.00	\$67.00	\$125.00
Group Family Day Care Homes	40.00	60.00	120.00
Certified Family Care Homes	40.00	60.00	120.00
Relative Care	18.00	26.50	53.00
In-Home Care	17.00	24.50	49.00
Summer Day Camps	N/A		43.00

#### **A.) Age Group Definitions**

- **Infant/Toddler:** This is a child from the age of one week up to three years old.
- **Pre-School:** This is a child from age three years up to age six years.
- **School Age:** This is a child from age six years up through age twelve years.

## **CHILD CARE SERVICES (CONT'D)**

### **CHILD CARE SERVICE DEFINITIONS**

## **B. TIME DEFINITIONS**

### **1. Daily Basis**

- a.) Full Time: A full day of service equals care provided five or more hours.
- b.) Half Time: A half day of service equals care provided more than two and less than five hours per day.
- c.) Quarter Time: A quarter day of service equals care provided less than two hours.

### **2. Weekly Basis**

When determining the amount of weekly payment for childcare services, the following weekly definitions are used. The definitions vary according to the activity in which the client participates and the amount of time spent in such activity.

- a.) **Full Time:** Full Time Child Care is available when one of the following conditions is met:

#### Employment:

A client is working 20 hours or more per week during the Sunday through Saturday period.

#### Education and Training:

A client is attending an education or training program, below the post secondary level, for 20 hours or more per week.

#### Post-Secondary Education:

A client is attending college 12 credit hours or more.

- b.) **Half Time:**

Half Time Child Care is available when one of the following conditions are met:

## **CHILD CARE SERVICES (CONT'D)**

### Employment



A client is working at least 10 hours or more, but less than 20 hours per week.

Education and Training

A client is attending an education or training program, below the post secondary level, for a minimum of 10 hours or more, but less than 20 hours per week.

Post-Secondary Education

A client is attending college four (4) to 11 credit hours.

c.) **Quarter Time**

Quarter Time Child Care is available when one of the following conditions are met:

Employment

A client is working less than 10 hours per week.

Education and Training

A client is attending an education and training program, below the post secondary level for less than 10 hours per week.

Post-Secondary Education

A client is attending college less than four (4) credit hours per week.

**Department of Human Services  
Office of Rehabilitation Services  
Child Care Checklist**  
(Attach to ORS Authorization Request Form- Tblue)

Date: \_\_\_\_\_

ORS Client Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Counselor: \_\_\_\_\_

**Support Services for:**      ☐ Employment      ☐ Training      ☐ Job Search      ☐ Other

**Name, Address and Telephone Number of Day Care Provider:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please specify if day care provider is:**

- |   |  |
|---|--|
| <input type="checkbox"/> Licensed Day Care Center | <input type="checkbox"/> Group Family Home |
| <input type="checkbox"/> Certified Family Home    | <input type="checkbox"/> Relative Care     |
| <input type="checkbox"/> In-Home Care             |  |

**For New Vendors (other than Licensed Day Care Centers)**

DCYF License No.: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_

**Child Care provided for:**

Child's Name	Age	Full-Time	Half-Time	Quarter-Time	# of Days Per Week
_____	_____				
_____	_____				
_____	_____				

**Projected time services will be needed:**

- ☐ *Week*  
☐ *Month*  
☐ *Semester*  
☐ *Other (please specify)* \_\_\_\_\_

**(Please refer to the Child Care Services – Weekly Payment Rate Schedules – Schedules I & II for Agency Fees)**

## **MEDICAL AND PSYCHOLOGICAL SUPPORT SERVICES**

### **Program Requirements**

1. The diagnosis and name of referring physician must be indicated when applicable on all claims for payment submitted to the ORS Program. The ORS Program is required by federal regulations to maintain a vigorous and continuous utilization review of all claims submitted by all participating health care practitioners for medical services and supplies provided eligible recipients of the program.
2. It is important to note that the fees listed in this fee schedule apply only when such services are not available to the general public at a lesser rate. In those instances, in which a provider makes services available at less than the rates indicated in the fee schedule, payment will be made in accordance with the lesser rate.
3. Federal regulation and the requirements of the Office of Rehabilitation Services mandate that payment made in accordance with the allowances listed in this fee schedule must be considered as full and total payment for these services. The Office of Rehabilitation Services cannot permit any arrangement which would require eligible consumers, or anyone else, to provide supplementary payment.
4. Payment for any prior authorized services can only be made if the services are provided while the case remains active for the Rhode Island VR Program through ORS.
5. Specific medical and dental x-ray services and clinical laboratory not listed in this fee schedule can be considered for payment on the basis of medical necessity leading to employment. Such services will require prior authorization, and the amount of payment will be determined on an individual consideration basis by administrative and/or consultative staff.
6. Providers of service must sign the billing form. Signature stamps or person signing for the provider are not acceptable.
7. Providers must utilize other third party resources, such as Federal Medicare, Blue Cross/Blue Shield, or other private health or casualty insurance coverage, when available, prior to billing the ORS Program.
8. Providers must bill with required report once the service has been provided. If a payment has not been paid after 90 days of original invoice, the vendor can call the Fiscal Office and inquire or send a second notice (copy of original invoice/report).

**GENERAL MEDICAL SERVICES**  
**(SERVICE CODES ARE IN PARENTHESIS)**

General Medical Examination - \$40.00 (3000)

(The fee for a General Medical Exam will be the same for all doctors)

History and complete examination of all body systems with written report.

(An additional \$15.00 is to be added to the regular fee for home visit). (3005)

Allergy Evaluation - \$35.00 (3070)

Cardiological Evaluation - \$95.00 (3105)

Dental Evaluation - \$22.00 (3020) – refer to Dental Section

Dermatological Evaluation - \$50.00 (3075)

Endocrinological Evaluation - \$50.00 (3080)

Gastroenterological Evaluation - \$50.00 (3085)

Gynecology Evaluation - \$50.00 (3115)

Neurological Evaluation - \$50.00 (3050)

Neurosurgical Evaluation - \$70.00 (3055)

Obstetrical Evaluation - \$50.00 (3110)

Oncology Evaluation - \$50.00 (3120)

Ophthalmological Evaluation w/refraction - \$50.00 (3130) – refer to Vision Section

Orthopedic Evaluation - \$60.00 (3060) – refer to OT & PT Section

Otolaryngological Evaluation (Ear, Nose, Throat) - \$45.00 (3177) – refer to Hearing and  
Speech Section

Otological Evaluation - \$45.00 (3145) – refer to Hearing and Speech Section

Physiatry Evaluation - \$70.00 (3065) – refer to Occupational Therapy and Physical  
Therapy Section

Plastic Surgery Evaluation - \$50.00 (3095)

## **GENERAL MEDICAL SERVICES (CONT'D)**

Podiatric Evaluation - \$25.00 (3123)

Psychiatric Evaluation - \$60.00 (3160)

Rheumatology Evaluation - \$50.00 (3174)

Surgery (4052) Discuss with Medical Consultant prior to authorization

Surgical Evaluation - \$50.00 (3100)

Urological Evaluation - \$50.00 (3090)

## **DENTAL SERVICES**

Dental Evaluation - \$22.00 (3020)

\*\*Dental Treatment – (4150)

\*\*Dental Surgery – (4152)

Dentures (full upper, full lower) - \$315.00 each. (5300)

\*\*X-Rays / Specialized X-Ray evaluations (3400)

\*\*Laboratory Tests (3500)

\*\*Treatment (NEC) (4999)

## **CONSULTANTS**

Medical – Dr. Fitzpatrick, Monday and Thursday, 9:00am – 1:00pm, Ext. 332

Psychological – Dr. Litchman, Monday and Wednesday, 7:00am – 11:00am, Ext. 333

Dental – Dr. Hosmer, Wednesdays 1:30pm – 2:30pm, Ext. 333

**\*\* PRIOR APPROVAL BY APPROPRIATE CONSULTANT IS REQUIRED.**

## **HOSPITAL-BASED CLINICS**

The following is a list of hospitals and hospital-based clinics that have provided services to our clients. The list may not represent all of the clinics/services available at that hospital. When referrals are made, the counselor should ascertain the fee for the service from the hospital or clinic and list the cost on the ORS Authorization Request Form.

<b><u>Vendor Code</u></b>	<b><u>Vendor Name</u></b>	<b><u>Phone Number</u></b>
BRADL003	BRADLEY (EMMA PENDLETON) HOSPITAL	432-1000
BUTLE003	BUTLER HOSPITAL	455-6200
HEALT007	HEALTH SOUTH NEW ENGLAND REHAB	456-4500
KCHOS001	KENT COUNTY HOSPITAL	737-7000
LANDM001	LANDMARK MEDICAL CENTER (WOON.)	769-4100
MEMOR001	MEMORIAL HOSPITAL	729-2000
MIRIA001	MIRIAM HOSPITAL	793-2500
NEWPO008	NEWPORT HOSPITAL	253-4063
NEWPO007	NEWPORT HOSPITAL OB/GYN BORDAN	253-4063
NEWPO011	NEWPORT HOSPITAL PHYSIATRY	253-4063
RIHOS002	R I HOSPITAL CARDIOLOGY FOUNDATION	277-0700
RIHOS003	R I HOSPITAL	444-4000
RIHOS001	R I HOSPITAL – PSYCHIATRY DEPT.	277-0701
RIHOS007	R I HOSPITAL NEURO-PSYCHOLOGY	444-4500
RIHOS009	R I HOSPITAL REHAB SERVICES	444-5485 or 444-5418
ROGER002	ROGER WILLIAMS HOSPITAL	456-2000
SCHOS001	SOUTH COUNTY HOSPITAL, INC.	782-8000
STJOS001	ST. JOSEPH’S HOSPITAL	456-4500
STJOS002	ST. JOSEPH’S HOSPITAL FATIMA	456-3000
FOGAR001	THE REHABILITATION HOSPITAL OF RI	766-0800
WESTE002	WESTERLY HOSPITAL	596-6000
WOMAN001	WOMAN & INFANTS HOSPITAL	274-1100

## **OCCUPATIONAL THERAPY AND PHYSICAL THERAPY SERVICES**

\*Functional Capacity Evaluation - \$300.00 (3525)

A licensed Physical Therapist or Occupational Therapist will perform the evaluation.

**\*PRE-REQUISITE: THE CLIENT SHOULD HAVE BEEN SEEN BY A PHYSICIAN OR THE COUNSELOR SHOULD CONSULT WITH MEDICAL CONSULTANT TO DETERMINE CAPACITY TO TAKE PART IN THE EVALUATION.**

Orthopedic Evaluation - \$60.00 (3060)

Physiatry Evaluation - \$70.00 (3065)

Physical Therapy Evaluation - \$100.00 (3035)

Physical Therapy (Hourly Rate) - \$50.00 (4030)

Occupational Therapy Evaluation - \$100.00 (3030)

Occupational Therapy (Hourly Rate) - \$50.00 (4040)



## **VISION SERVICES**

Low Vision Evaluation - \$70.00 (3071)(includes follow-up visits)

Visual Field Test - \$35.00 (3128)

Ophthalmological Evaluation w/ refraction - \$50.00 (3130)

Optometric Evaluation w/ refraction - \$35.00 (3126)

The Office of Rehabilitation Services will pay up to \$60.00 toward the cost of eyeglass frames.

### **Ocular Prosthetics**

\*Custom Prosthetic Eye - \$720.00 (5125)

\*Clear Scleral Shell (Phase I) - \$235.00 (5125)

\*Custom Scleral Shell (Phase II) - \$975.00 (5125)

**\* This fee will include all adjustment visits in connection with the fitting.**

Vendors for Ocular Prosthetics:

Jahrling Ocular Prosthetics, Inc.  
50 Staniford Street, 8<sup>th</sup> fl.  
Boston, MA 02114  
(617)-523-2280  
E-Mail: [www.jahrling.com](http://www.jahrling.com)

Jahrling Ocular Prosthetics, Inc.  
South Side Medical Offices  
120 Dudley Street, Suite 202  
Prov., RI 02905  
454-4168 Mon. & Tues. 7:30/am-4:00/pm

### **Consultants**

Vision – Dr. Robert Bahr, First Thursday of every month, 9:00am – 10:00am  
Dr. Robert Kinder, 3<sup>rd</sup> Tuesday of every month, 9:00am – 10:00am

To coordinate a consultation, call Susan Osborne, ext. 422.  
Consultations are held in Training Room C, 3<sup>rd</sup> Floor.

## **HEARING AND SPEECH SERVICES**

Speech Evaluation - \$100.00 (3178)

Speech Therapy - \$50.00/Hour session (4045)

Audiological Evaluation - \$50.00 (3210)

Otolaryngological Evaluation (Ear, Nose, Throat) - \$45.00 (3177)

Otological Evaluation - \$45.00 (3145)

Hearing Aid Assessment - \$30.00 (5005)

Assistive Listening Device Evaluation - \$35.00 (3096)

Ear Molds - \$40.00 each (5015)

### **Hearing Aids: (5010)**

The Office of Rehabilitation Services will make payment for hearing aids provided to eligible consumers as follows:

1. Standard hearing aids will now have a flat rate. A cost validation form is needed

#### **Monaural**

Body Aid, In-the-ear, Behind-the-ear, the rate is \$575.00

#### **Binaural**

In-the-ear, Behind-the-ear, the rate is \$1050.00

2. Digital Hearing Aids, FM-Systems

The rate is cost plus \$250.00 for one aid. For two aids, the rate is cost plus \$375.00 (\$250.00 mark-up for 1<sup>st</sup> aid, and an additional \$125.00 for 2<sup>nd</sup> aid). Again, a cost validation form is needed.

Please remember that the Office of Rehabilitation Services makes payment for hearing aids for eligible consumers only. It should be noted that all hearing aids provided must be unconditionally guaranteed for both parts and services for a period of one year from the date on which the aid is provided to the recipient. A cost validation form and a 30-day trial are required prior to authorization.

### **Hearing Aid Repairs: (9001) (When hearing aid is out of warranty)**

Manufacturer repair. This is for repairs done by the manufacturer - recasing, replacement, and extensive repairs. These repairs include a 6-month warranty that covers all subsequent repairs within this period. The rate is manufacturers cost plus \$25.00. A repair cost validation form is required.



***State Of Rhode Island & Providence Plantations***

***Department Of Human Services***

***Office Of Rehabilitation Services***

**40 Fountain Street**

**Providence, RI 02903**

**Voice 421-7005 ~ FAX 222-3574**

<http://www.ors.state.ri.us>

**HEARING AID COST/REPAIR VALIDATION FORM**

**Customer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that the cost\* of the hearing aid or repair, model number \_\_\_\_\_ is \$ \_\_\_\_\_ as of this date \_\_\_\_/\_\_\_\_/\_\_\_\_.**

**Signed:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**\* Cost –** The actual cost of, or repair of, the above instrument to the dealer, including all discounts of volume purchase, promotional programs, etc.

Form #ORS10A  
Revised 6/2000

## **Psychological, Neuropsychological, Therapeutic Services**

Psychological services are defined more specifically with decisions necessary for types of testing and evaluations. Counselors are advised to order only what is necessary. The Psychological Consultant can assist you with decision-making.

**USE OF CONSULTANT:** The Psychological Consultant is available to supplement the Counseling and Guidance functions of the Counselor. Face-to-face meetings are the best way to discuss the situation and make decisions about types and implications of testing. The Consultant can assist to frame the questions to ask the Evaluator, analyze the reports, discuss the rehabilitation issues related to disorders, and relate the reports and needs to vocational planning and employment.

**VOCATIONAL APPRAISAL (3186):** The purpose of the Vocational Appraisal is to evaluate interests, aptitudes, personality, adaptive functioning related to work and vocational planning. Testing includes a diagnostic interview. The issues addressed in a Vocational Appraisal do not relate to Axis I or II and there is no expectation for clinical interventions.

**Usual time is 3 hours**

**Authorize \$175.00**

**CLINICAL EVALUATION (3170):** The purpose of a Clinical Evaluation is to differentiate between Axis I and Axis II disorders for purposes of moving forward in vocational planning to employment, and to assess cognitive strengths and barriers as well as adaptive strengths and limitations of an individual. Testing services include diagnostic interview, history, summary IQ testing (e.g. Otis-Lennon) as appropriate, projective and/or personality testing.

**Usual time is 3 hours**

**Authorize \$175.00**

**INDIVIDUAL IQ TESTING – WAIS III or STANFORD BINET (3184):** Individual tests are authorized separately as required by the clinician, consultant, or from counselor assessment. Note that a summary IQ test is included in the Clinical Evaluation and Vocational Appraisal.

**Authorize \$50.00**

**LEARNING DISABILITY ASSESSMENT (3052):** Included in the fee will be a diagnostic interview and the following tests, as appropriate: a cognitive test yielding an Intelligence Quotient (one of the following will be used: WAIS III Woodcock – Johnson Psycho-Educational test Battery Revised or W J-R, Stanford-Binet Intelligence Scale: fourth edition, Achievement testing as appropriate, and a Form L-15 for accommodation.

**Authorize \$325.00**

**If ADHD is suspected, add authorization for a Psychological Evaluation (3165): (authorize \$35.00),** which will evaluate through a separate clinical interview, Attention Deficits, Behavior Deficits, or both. Please discuss all testing requests and reports with Dr. Litchman in order to more effectively frame questions to the Clinicians or to interpret the tests related to vocational planning.

## **Psychological, Neuropsychological, Therapeutic Services (CONT'D)**

**NEUROPSYCHOLOGICAL TESTING (3167):** The purpose is to evaluate effects of Cerebral Head Injury (CHI), Traumatic Brain Injury (TBI), and Cerebral Vascular Accident (CVA) Dementia. Testing includes Individual I.Q. Specific referral questions must be asked (please see Consultant). **Authorize \$250.00**

### **PSYCHOLOGICAL TESTING FOR DEAF INDIVIDUAL (3166)**

Basic fee \$140.00. Add four hours sign language at \$20.00 per hour. Total fee - \$220.00.  
No show - \$65.00 per hour.

### **\*PSYCHOTHERAPY AND COUNSELING:**

**Psychological Counseling (4035) (50 minute hour)...\$30**

**Clinical Social Worker (4036) (50 minute hour)...\$25**

**Mental Health Counseling (4445) (50 minute hour)...\$25**

\*ORS may provide up to twenty (20) sessions of therapy. The therapist is required to submit a progress report at the completion of ten (10) sessions, and a final report at the completion of twenty sessions. (Policy 115.35).

### **Please note:**

**Hospital based clinical assessments are authorized at the fee established by the hospital. Please contact the specific departments directly to discuss the rehabilitation questions and obtain fee.**

## Appendix A

### INTERPRETER-REFERRAL SERVICE ORS – OSCIL AND THE MASTER PRICE AGREEMENT

INTERPRETER SERVICES: 1-800-525-0770  
1-800-232-0438 TTY  
401-333-3704

#### ORS CLIENT INTERPRETER SERVICE REQUEST

1. The Counselor FAXES the request including authorization number directly to Alan.
2. The Authorization form will include the following information\*  
Write Under: “Service Description”: Interpreting Services for the Deaf  
**“Units”: Add extra 2 hours**  
“Per/Unit”: \$50. (will need to increase if 2 or more interpreters are needed)  
“Cost”: \$50 x hours ( plus additional 2)  
“Service Dates”: Use actual date first – add another 2 weeks  
“Comment Line”: Agency name and actual date and time of assignment  
Contact name of any other party who will be notifying Alan, i.e., Jan Luby at Goodwill.
3. Counselor to call Alan to verify receipt of the request and to provide further detail regarding the assignment.
4. Alan will start the search for a qualified interpreter(s) to fill the assignment(s).
5. Alan will provide three work-day notice to counselor if assignment can not be filled.
6. Interpreters who can take the assignment(s) will be given the authorization number and told to place that number on their bill to OSCIL.
7. Once an interpreter is secured the Name/Hours of that interpreter will be written directly on the authorization form.
8. Alan will send this authorization form (with interpreter names) to OSCIL for billing purposes.
9. OSCIL will bill ORS as these bills come in. Billing will include back-up counselor name and interpreter name and hours.
10. OSCIL’s Invoice # will be placed on check.

#### INTERPRETER BILLS

1. Interpreters must include the authorization number on their bills for processing.
2. Any bill that does not contain the authorization number, or wrong number, will be sent back to the interpreter. Note: OSCIL can not search for the authorization number, Alan does not keep these numbers.
3. Interpreters working for ORS staff will be paid monthly.

Interpreter bills for ORS clients, with correct authorization number, can be processed within 15 days.

## Appendix B

### **INTERPRETER-REFERRAL SERVICE ORS – OSCIL AND THE MASTER PRICE AGREEMENT**

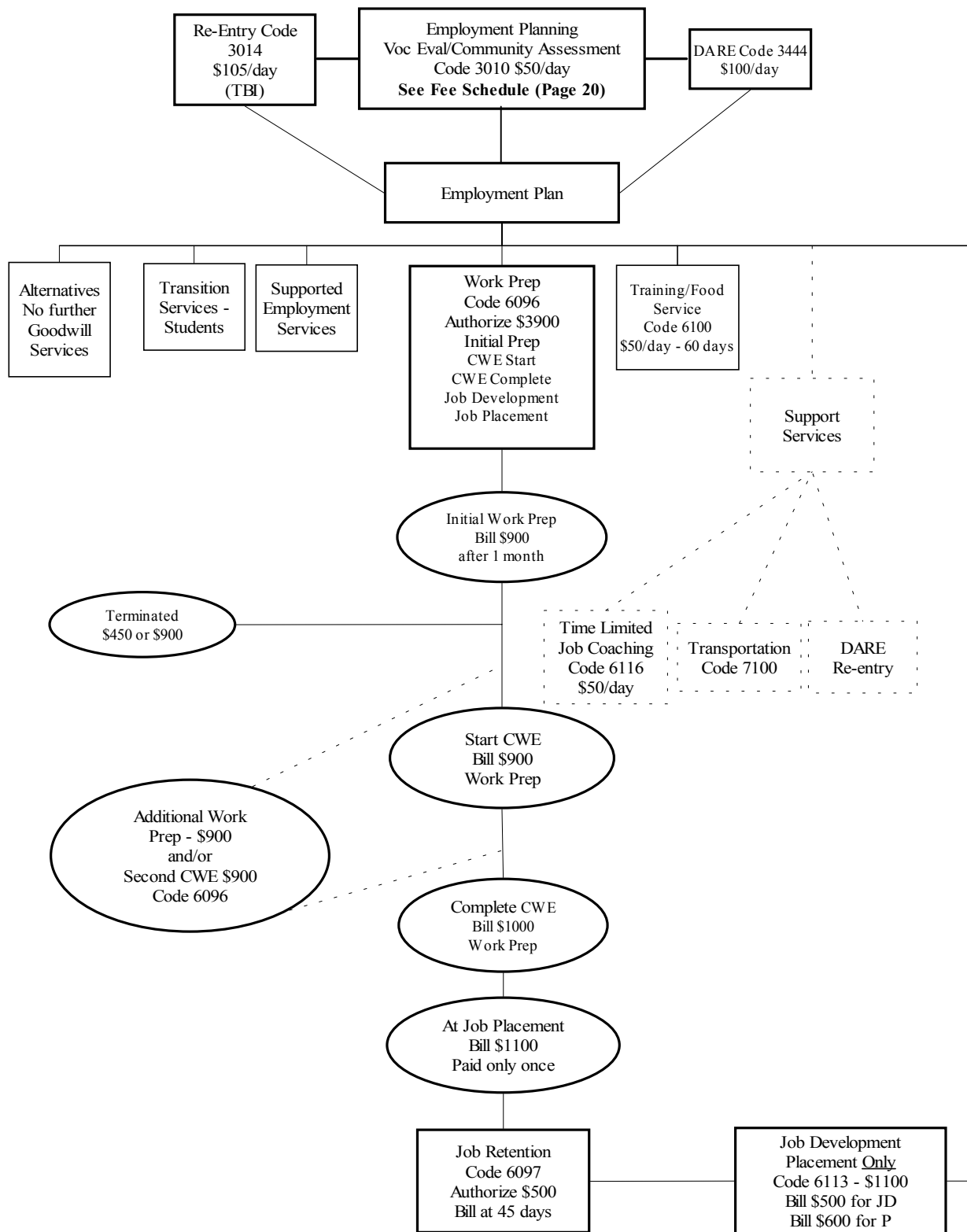
INTERPRETER SERVICES:      1-800-525-0770  
   1-800-232-0438 TTY  
   401-333-3704

#### PROCEDURES

#### **NON-CLIENT INTERPRETER SERVICE REQUEST**

1. The “Paying Party” or ORS Staff (Jeanne Desmarais-Valdez) completes the NON-CLIENT REQUEST FOR INTERPRETER SERVICE sheet using authorization number: 000 and date (example, today’s authorization number would be: 000011602 (start with 3 zeros then use 6 digit date making a total of 9 digit number) .
2. Each request listed on the form will contain ACTUAL dates and hours.
3. FAX form directly to Alan.
4. ORS staff then call Alan to confirm receipt, and provide further information regarding the assignment(s).
5. Alan will start the search for a qualified interpreter to fill the assignment(s).
6. Alan will give a three work-day notice to the ORS counselor if an interpreter has not been found.
7. Interpreters will be given the 000/date authorization number (at the top of the page) and told to place that number on their bill to OSCIL.
8. Once an interpreter is secured, Alan will write the Name/Hours of that interpreter directly on the request form in the “OSCIL Office Only” column.
9. The authorization form, with interpreter name(s) who filled that assignment, will then be filed with OSCIL for billing purposes and a copy faxed to Jeannie.
10. ORS staff will notify OSCIL at 1- 800- 525- 0770 or FAX 333- 3704 of any changes in actual assignments, i.e., interpreter worked pass the time indicated on the authorization sheet.
11. OSCIL staff will change the time for that date and initial the change.
12. If assignment is CANCELLED within 48 hours notice, a new authorization number has to be issued. (Interpreter will bill for the cancelled assignment).
13. OSCIL will bill about the 15<sup>th</sup> of the month for the exact amount indicated on the authorization. (include initialed adjustments on the authorization sheet).
14. Any outstanding interpreter bill for that period will be paid once the bill comes in.
15. The 000/date authorization request form becomes the back-up for billing.
16. OSCIL will bill ORS under an OSCIL Invoice #.
17. Payment to OSCIL will include reference to the OSCIL Invoice #.

## ORS/Goodwill Fee Schedule (Effective 1/02)



--- Optional